Indiana Health Informatics Corporation

Board Meeting

July 10, 2008
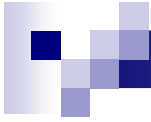
Welcome and Introductions

Indiana Health Informatics Corporation (IHIC) Board

- Mitch Roob (Chair)
  Secretary, Indiana Family and Social
  Services Administration

- Judy Monroe, MD
  State Health Commissioner
  Indiana State Department of Health

- J. Marc Overhage, MD, PhD
  Director of Medical Informatics
  Regenstrief Institute, Inc.
  CEO, Indiana Health Information Exchange

- Honorable Linda L. Chezem JD
  Professor, Purdue University
  Adjunct Professor, IU School of Medicine

- Brian Bauer
  Chief Financial Officer
  Terre Haute Regional Hospital
  Hospital Corporation of America (HCA)

- Charles E. Christian, FCHIME, FHIMSS
  Director IS / CIO
  Good Samaritan Hospital

- Randy L. Howard, MD, FACP
  Regional Vice President & Medical Director
  Indiana Health Care Management
  Anthem Blue Cross and Blue Shield

- Jim Edlund, MD
  Practicing Physician

- Stan Crosley
  Chief Privacy Officer
  Eli Lilly

Meeting Facilitation
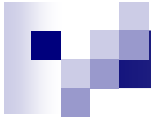
- John Kansky, IHIE (IHIC rent-a-staff)

Today's Agenda

- Welcome
- Board education update
- Review of Roles and Focus Areas
- "Straw-man" Vision scenarios
- Goals Definition (Brainstorming)
- State-Level HIE Consensus Project Representation
- Next Steps & Closing Remarks

Board Education Update

Board Education

- ## Next topic:
  - Research Needs of Life Sciences (September)
- ## Future topics
  - Chronic care model
- ## Other suggestions?
  - ePrescribing, personal health records, …

Review of Roles and Focus Areas

Review of Roles and Focus Areas

At the last IHIC board meeting, the board endorsed the following organizational roles and focus areas. While these do not necessarily restrict IHIC from work outside this scope, this should help serve to guide and focus the goals and actions selected for the corporation.
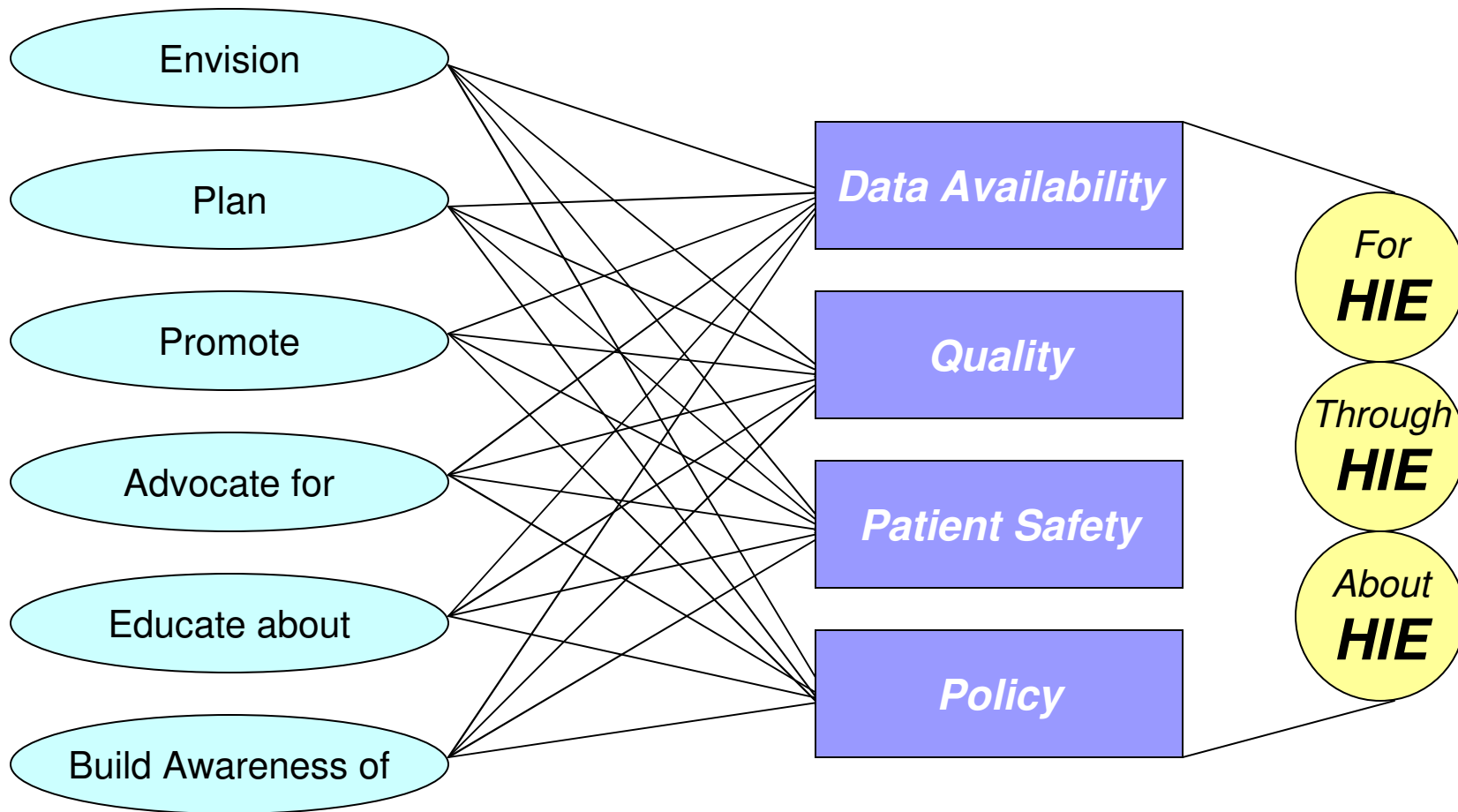
- Roles
  - Envisioner & Planner
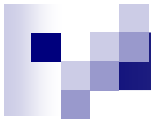 - Promoter & Advocate of Indiana HIEs
  - Educator & Awareness Builder

- Focus Areas
  - Data Availability
  - Quality & Patient Safety
  - Policy

IHIC Goals and Actions

So, ultimately we would expect to choose goals and actions for the Indiana Health Informatics Corporation that will include…
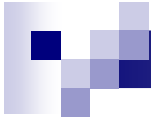
- Envision
- Plan
- Promote
- Advocate for
- Educate about
- Build Awareness of

Data Availability

Quality

Patient Safety

Policy

For **HIE**

Through **HIE**

About **HIE**

Another perspective on IHIE goal definition...

Focus Area ▶ ▼Role	Data Availability	Quality & Patient Safety	Policy
Envisioner & Planner			
Promoter & Advocate of Indiana HIEs	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2
Educator & Awareness Builder	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2	Goal • Action 1 • Action 2

"Straw Man" Vision Scenarios

Straw Man Vision Scenarios

- In the long term, IHIC can and should pursue the creation of a documented vision and plan for HIE in Indiana. Creating this vision and plan is one potential goal for the IHIC board to consider.

- Reaching this goal will take some time, so in the mean time, we propose a short-cut, of sorts, to allow IHIC to begin taking meaningful constructive actions…sooner.

- We have selected and briefly described a number of possible independent "mini-visions" for HIE in Indiana. Accompanying each mini-vision are a couple of example goals IHIC's board could choose to pursue. These are only examples designed to stimulate discussion.

Vision 1: ePrescribing in Indiana

- **Vision:** By 2011, 70% of all prescriptions in Indiana will be submitted and filled through ePrescribing.
- **Example IHIC Goals**:
    - IHIC will create and execute a program to educate physicians regarding how to implement ePrescribing in their practice
    - IHIC will define and advocate for a policy change creating incentives for physicians to use ePrescribing through enhanced reimbursement and/or financial penalties for non-compliance
    - IHIC will define and advocate for a policy change requiring pharmacies and others in the medication supply chain to report dispensing event data to the state. This data would be made available to feed ePrescribing processes to enable alerting physicians to the potential for drug-drug interactions.
- **Relevant Activity**:
    - The Employer's Forum of Central Indiana is planning (but has not begun) an ePrescribing initiative

Vision 2: Value-based reimbursement program in Indiana

- **Vision:** By 2010, 75% of the population of Indiana will be members of commercial or government insurers who are participants in the Quality Health First (QHF) program.

- **Example IHIC Goals**:
  - ☐ IHIC will facilitate expanding participation among payors and physicians across the state
  - ☐ IHIC will identify barriers to physician participation and advocate for needed policy changes including Medicaid reimbursement or legislative changes

- **Relevant Activity**:
  - ☐ IHIE is currently launching the QHF program in the Indianapolis 9-county area and expects to expand the program to Lafayette next.
  - ☐ The Employers Forum of Central Indiana is highly engaged and supportive
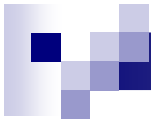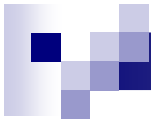
Vision 3: Personal Health Records in Indiana

- **Vision:** By 2010, some form of personal health record will be available to all citizens of Indiana.
- **Example IHIC Goals**:
  - ☐ IHIC will define and document a goal for PHR in Indiana and execute an awareness campaign for patients and providers.
  - ☐ IHIC will identify most the important information to feed a commercial PHR and work to enable a standard process for that information to be supplied to PHR vendors
  - ☐ IHIC will conduct a PHR market research study and publicly present findings to accelerate activity in Indiana
- **Relevant Activity**:
  - ☐ There is a company based in Fort Wayne which offers PHRs under the name NoMoreClipboard.
  - ☐ The Regenstrief Institute has some experience with an open-source PHR product called Indivo

Vision 4: Community Health Record in Indiana

- **Vision:** By 2011, all healthcare markets in Indiana greater than 50,000 people will have a community health record (CHR) system with aggregated clinical data available to providers for treatment of patients.

- **Example IHIC Goals:**
  - □ IHIC will define and document a goal for CHR in Indiana, and execute an awareness campaign for patients and providers.
  - □ IHIC will advocate to data sources in the selected markets to urge participation in the CHR system serving their market.
  - □ IHIC will identify barriers to participation and advocate for policy changes including legislation, incentives, or regulation

- **Relevant Activity:**
  - □ The INPC in Indianapolis is an example of such a community health record system

Vision 5: Medication Profile Availability

- **Vision:** By 2010, medication profiles for all citizens of Indiana will be available to providers at the point of care/prescribing.
- **Example IHIC Goals**:
  - ☐ IHIC will define and advocate for a policy change requiring pharmacies and others in the medication supply chain to report dispensing event data to the state. This data would be made available to HIEs to enable the delivery of medication profiles to providers.
- **Relevant Activity**:
  - ☐ There are national sources which are available for some medication profile data. The completeness of their data is improving. These sources are available at a cost. The prime example is SureScripts-RxHub.

Vision 6: Healthcare Analytics Repository

- **Vision:** By 2012, a repository of healthcare data of one million lives will exist and be available for academic research, commercial research, and policy design.
- **Example IHIC Goals**:
  - □ IHIC will identify the proper structure, governance, and mission of a data analytics repository and make recommendations to the appropriate body to move forward
  - □ IHIC will convene government, industry, and academic partners to identify a project opportunity and define scope
  - □ IHIC will advocate for any needed policy changes related to privacy and security issues and patient consent
- **Relevant Activity**:
  - □ Wisconsin recently announced a collaborative effort between the WHIO & Ingenix
  - □ The INPC already has data on several million patients and is available for approved research

Vision 7: Administrative Efficiencies

- **Vision/s:**
  - By 2013 50% of claims will be submitted through an HIE clearinghouse, be coordinated accurately among primary and secondary payors, and adjudicated in real-time.
  - By 2012 35% of physicians will have computerized physician order entry (CPOE) through a HIE with embedded logic to facilitate prior authorization decisions

- **Example IHIC Goals:**
  - IHIC will conduct a study of the technical and commercial feasibility and current commercial offerings.
  - IHIC will identify legal, technical, or operational obstacles and plan interventions to mitigate or remove the obstacles.

- **Relevant Activity:**
  - Health insurers, claims clearinghouses, and other for profit companies have various offerings in this space.

Vision 8: Event Reporting

- **Vision:** By 2012, all Indiana hospitals will be able to electronically submit adverse drug events, hospital acquired conditions, and communicable disease information to ISDH and relevant payors through a HIE
- **Example IHIC Goals**:
  - IHIC will educate and convene stakeholders in the hospital industry to assess the current needs and barriers
    - Includes the role of Medicare & other commercial payors discontinuation of payment for hospital-acquired conditions
  - IHIC will advocate for any needed policy changes at legislative or regulatory level
- **Relevant Activity**:
  - Hospitals are currently required by the state to report 27 types of adverse events to the ISDH's online adverse health event reporting system
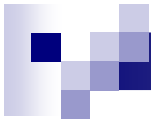
Break

Low-hanging Fruit?

Low-hanging Fruit?

Does IHIC want to, from time to time, take on specific issues that present themselves?

- Pro: They may be opportunities to make real and perceived differences quickly

- Con: They may represent distractions that compete for resources

- Real-life examples:

  - Current projects to create a state-wide bed-tracking database are perceived as creating a burden on hospitals.   Do existing HIE resources represent a "better way?"

  - Medicaid could reduce costs significantly if physicians treating Medicaid patients conformed better to the Medicaid preferred drug list (i.e. formulary) but the process is confusing and burdensome at least impart because information is not available to physicians in a manner they can work with.

State-Level HIE Consensus Project

State-Level HIE Consensus Project

- For the last couple years, in the absence of any state HIE entity (like IHIC), Marc Overhage has been representing Indiana on the State-Level HIE Consensus Project (SL-HIE)

- The SL-HIE is sponsored by the Office of the National Coordinator for Health Information Technology (ONC) and led by the American Health Information Management Association (AHIMA) Foundation of Research and Education (FORE).

- Now that IHIC is established, Marc suggested that the IHIC board should decide who should represent them. Of course that could continue to be Marc, another board member, or the board's designee.
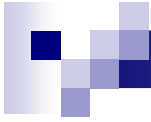
From the State RHIO Consensus Project Website...

- **Development of Consensus Best Practices for State-level Regional Health Information Organizations**

- A study is being conducted by the Foundation of Research and Education (FORE) of the American Health Information Management Association (AHIMA) that will develop best practices and document successful model(s) for state-level regional health information organizations (RHIOs) in the areas of governance, structure, financing and health information exchange policies. The study is under contract to the Office of the National Coordinator for Health Information Technology (ONC).

- Under the terms of the contract, FORE will produce public domain information on best practices for state-level RHIOs. The goal of this work is to bring state-level RHIOs together to share successful and cost effective strategies. The work under the contract is organized under four tasks:

- Research a sample of state-level RHIOs to gather information about their goals, current policies, and practices, including governance, financing, technology, health information exchange policies, and short and long term priorities.

- Analyze findings to develop a framework for describing best practices and model(s) for state-level RHIOs.

- Develop a plan to disseminate best practices, encourage adoption and coordination among state-level RHIOs, and to encourage participation in ONC/HHS strategies.

Closing Remarks

Closing Remarks

- **Next IHIC Board Meeting:** September 4 *OR* September 19, 9:00-11:00, Purdue's Intech Park